Not Applicable	ป.พ.	TED STATES BANKROPSE PEOURISE AMGE DISCRET	16f1DelFilear@7/29/03 Pagsraoé Ron-asbestos Proof of Claim form
Combined center in a City of the Count of the Section of the Section of the Count of the Section of the Count	Name	e of Debtor W. R. Grace & CoConn.	Case Number 01-1179
Name and address where notices should be sent: Todd C. Meyers, Esq. Kiparrick Stockton IL.P 1100 Peachtner Street, Suite 2800 Atlanta, Georgia, 30309 Telephone number; (404) 815-6500 Account or other number by which creditor identified debtor: Not Applicable Takes for Claim Goods sold Personal injury/wrongful death Traces Other Reimburacement under various Letters of Credit (See Exhibit A) Date debt was incurred: Takes of Open and Telamin includes interest or other charges in addition to the principal amount of the claim. Atlach itemized statement of all interest or debt of the sides of the claim. Atlach itemized statement of all interest or debt of claim. Check the bit if you have never this claim claim claim is previously filed claim, dated. 92. [21 [o. Not Applicable]] Retiree benefits as defined in U.S. C. § 1114(a) Wages, salaries, and compensation (fill out below) Your SS # Unpaid compensation foll out below) Your SS # Unpaid compensation foll out below) Your SS # Date debt was incurred: 7/29/97 through 7/13/00 3. If court judgment, date obtained: Not applicable Traces Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Atlach itemized statement of all interest or debt of the claim. Check this box if your claim is secured by collateral: Check this box if you relaim is secured or mittled to priority, also complete Item 5 and 6 below. 5. 49,979,700 Check this box if your claim is secured or mittled to priority. Servered Claim. Check this box if your claim is secured by collateral: Wages, salaries, or commissions (up to \$4,550)* camed within amount of the claim. Atlach itemized statement of all intenst or debtor's business, whichever is earlier—I U.S.C. § 307(a)(b). Check this box if you have never a service of the claim. Wages, salaries, or commissions (up to \$4,550)* camed within amount of the claim in claim is secured or debtor's business, whichever is earlier—I U.S.C. § 307(a)(c). Check this box if y	comi	pencement of the case. A "request" for payment of an administrat	ative expense arising after the live expense may be filed pursuant
Check box if you have never			anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving
Telephone number: (404) 815-6500 Account or other number by which creditor identified debtor: Not Applicable Basis for Claim Goods sold Personal injury/wrongful death Taxes Other Reimbursement under various Leners of Credit (See Exhibit A) Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 and 6 below. \$ 49.979,700 Check this box if claim includes interest or other charges in addition to the principal amount of file daim. Check this box if claim includes interest or other charges in addition to the principal amount of Claitaral: Check this box if your claim is secured by collateral (including a right of solf). Series care Claim. Check this box if your claim is secured by collateral (including a right of solf). Series care Collateral: Check this box if your claim is secured by collateral (including a right of solf). Series care Collative. Check this box if your claim is secured by collateral (including a right of solf). Series care Collative. Check this box if your claim is secured by collateral (including a right of solf). Series care Collative. Check this box if your claim is secured by collateral (including a right of solf). Series care Collative. Check this box if your claim is secured by collateral (including a right of solf). Series care Collative. Check this box if your claim is secured by collateral (including a right of solf). Check this box if your claim is secured by collateral (including a right of solf). Check this box if your claim is secured by collateral (including a right of solf). Check this box if your claim is secured or entitled to priority. Check this box if your claim is secured or entitled to priority. Check this box if your claim is secured by collateral (including a right of solf). Check this box if your claim is secured to the solf of the property or services for penetry and the solf of the debtor's buriness, whichever is entiter - 11 U.S.C. § 507(a)(x). Check this box if your c	Todd Kilpa 1100	I C. Meyers, Esq. atrick Stockton LLP Peachtree Street, Suite 2800	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs
Not Applicable Basis for Claim			
Goods sold Services performed Services performed Wages, salarics, and compensation (fill out below) Your SS #: Unpaid compensation for services performed Unpaid compensation for services p			Check here if this claim ☐ amends a previously filed claim, dated: 62/21/03
2. Date debt was incurred: 7/29/97 through 7/13/00 3. If court judgment, date obtained: Not applicable 1. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured to rentitled to priority, also complete Item 5 and 6 below. \$\frac{49.979.700}{\text{SC}}\$ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all intenst or additional charges. Check this box if your claim is secured or other charges in addition to the principal amount of the claim. Attach itemized statement of all intenst or additional charges. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral:	-	Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Wages, salaries, and compensation (fill out below) Your SS #:
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 and 6 below. \$ 49,979,700 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 5. Secured Claim. Check this box if your claim is secured by collateral (including a right of sector), Brief Description of Collateral: Real Estate Motor Vehicle			3. If court judgment, date obtained: Not applicable
Check this box if you have an unsecured priority claim Amount entitled to priority Brief Description of Collateral: Real Estate Motor Vehicle Other Value of Collateral: Wages, salaries, or commissions (up to \$4,650),* earned within days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan -11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan -11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan -11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(-1). * Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ * Credits: The amount of all payments has been credited and deducted for the purpose of making this proof of claim. Support Documents: Attach copies of support documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim: Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim:		If all or part of your claim is secured or entitled to priority, also complete Item Check this box if claim includes interest or other charges in addition to the additional charges.	ne principal amount of the claim. Attach itemized statement of all interst or
claim, if any: \$		Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other Value of Collateral:	 Check this box if you have an unsecured priority claim Amount entitled to priority Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier −11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan − 11 U.S.C. § 507(a)(4). Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use −11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child − 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units − 11 U.S.C. § 507(a)(8). Other − Specify applicable paragraph of 11 U.S.C. § 507(a)() * Amounts are subject to adjustment on 4.1.04 and every 3 years
 Support Documents: Attach copies of support documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a samped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim: 		unt of arrange and other charges at time case filed included in secured	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a samped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim: JUAN ANDERSON DIRECTOR	clain	n, if any: \$	*
Jan Anderson JUAN ANDERSON DIRECTOR	clain 7.	Credits: The amount of all payments has been credited and deducted for the claim. Support Documents: Attach copies of support documents, such as promissor itemized statements of running accounts, contracts, court judgments, mortgage evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS.	purpose of making this proof of THIS SPACE IS FOR COURT USE ONLY y notes, purchase orders, invoices, es, security agreements, and
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	7.	Credits: The amount of all payments has been credited and deducted for the claim. Support Documents: Attach copies of support documents, such as promissor itemized statements of running accounts, contracts, court judgments, mortgage evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. explain. If the documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the filing of your contracts.	purpose of making this proof of THIS SPACE IS FOR COURT USE ONLY y notes, purchase orders, invoices, es, security agreements, and If the documents are not available,

W.R. Grace & CoConn. Letters of Credit	Prepetition U		Date of Draw	Current 1/C Balanca Beneficiary	Account Party	Effective Date Expiry		Q
LC870-091344	23,260,360	558,739		The Chase Manhattan Bank, N.A. as Trustee Under the Trust Indenture dated 12/6/1994.		12/2/1997	12/2/02	60 Colowyo coal contract backed bonds
LC870-094304	1,150,000	62,579	11/19/2002	1,087,421 Transportation Insurance Co., Continental Casualty Company	W.R. Grace & Co Conn Trans Meridian Assurance, LTD.	1/6/1998 6/30/2003	130/2003	60 Various insurance agreements including workers' comp and employers' liability
LC870-094303	837,000			837,000 Transportation Insurance Co., Cortinental Casualty Company	W.R. Grace & Co Conn Trans Meridian Assurance, 7 Th	1/6/1998 6/30/2003	130/2003	60 Claim Service Agreement (3rd party deductable)
LC870-089117	4,675,000			4,675,000 The American Guarantee and	W.R. Grace & CoConn.	7/29/1997 6/30/2003	V30/2003	60 Foreign liability program
LC870-089118	1,678,000			1,678,000 Transportation Insurance Co.	W.R. Grace & CoConn.	7/29/1997 6/30/2003	130/2003	60 Various insurance agreements including workers' comp and employers' liability
LC870-122413	13,000,000	449,000	1/23/2002; 9/23/02	12,551,000 Fireman's Fund Insurance Company	W.R. Grace & CoConn.	7/13/2000	7/5/2003	30 For sums owed under a \$43,038,931bond on behaff of Aaron Clifton Edwards, et al.
LC870-102528	1,075,000			1,075,000 C N A	W.R. Grace & CoConn.	6/30/1998 6/30/2003	¥30/2003	80 Various insurance agreements including workers' comp and employers' liability
LC870-102529	2,134,000			2,134,000 C N A	W.R. Grace & CoConn.	6/30/1998 6/30/2003	v30/2003	60 Various insurance agreements including workers' comp and emolovers' liability.
LC870-111950 LC870-111952	188,000 160,000			188,000 Continental Casualty Company 160,000 Continental Casualty Company	W.R. Grace & CoConn. W.R. Grace & CoConn.	6/30/1999 6/30/2003 6/30/1999 6/30/2003	6/30/2003 6/30/2003	60 Gracedaim Service Agreement 60 Claim Service Agreement (3rd
LC870-111953	365,000			365,000 Continental Casualty Company	W.R. Grace & CoConn.	6/30/1999 6/	6/30/2003	60 Claim Service Agreement (3rd party deductable)
LC870-111954 LC870-090133	489,000			489,000 Continental Casualty Company 1,500,000 Richard C. Rowe & Donna M. Rowe	W.R. Grace & CoConn. W.R. Grace & CoConn.	6/30/1989 6/30/2003 9/8/1997 6/30/2003	6/30/2003 6/30/2003	60 Claim Service Agreement 30 Settlement agreement dated June 1997
TOTAL	50,511,360	1,070,318		49,441,042				

Proof of claim amount is calculated as follows: (1) \$2,782.26 representing cash management fees for March 2001, which remain unpaid; plus (2) pre-petition LIC balance of \$50,511,360; plus (3) \$78,180 in letter of credit fees for the period 12/02/00 through 04/01/01; for a total claim of \$50,592,322. Of this amount, \$612,622.86 was satisfied by Wachovia's exercise of fishing authorized by the Court's September 20, 2002 Order Granting Relief from the Automatic Stay in Order to Effect Setoff Pursuant to 11 U.S.C. § 553, leaving a balance of \$49,979,700, of which \$538,658 (\$1,070,318 in unrelimbursed draws, plus \$2,782.26 in unpaid fees and \$78,180 in 1/c fees, less \$612,622.86 setoff amount) is noncontingent and the remainder is contingent.